

WHEREAS,

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Executive Department

EXECUTIVE ORDER 01.01.2010.20

<u>The Maryland Domestic Violence</u> Health Care Screening and Response Initiative

WHEREAS, Domestic violence is an epidemic of both deadly and expensive proportions;

WHEREAS, The Centers for Disease Control and Prevention (CDC) estimates that nearly 5.3 million intimate partner victimizations occur each year. This violence results in nearly 2 million injuries and 1,300 deaths, and costs over \$8.3 billion each year;

WHEREAS, The CDC reports that victims of intimate partner violence are at greater risk of negative health outcomes and that violence inhibits victims' abilities to manage chronic health conditions;

WHEREAS, The National Center for Injury Prevention and Control reports that 44% of women murdered by their intimate partners visited an emergency department within two years prior to the homicide;

Research indicates that individuals with chronic health problems generate the largest financial burden on the health care system and account for a disproportionate amount of overall spending;

Health care providers who recognize intimate partner violence as an underlying cause of serious health problems can provide better and more cost-effective treatment to their patients;

Health care-based domestic violence screening programs are effective and affordable interventions;

Research from Pennsylvania, which has 83 health care-based domestic violence screening programs, illustrates that hospital-based domestic violence interventions may reduce the health care costs of these individuals by at least 20%;

WHEREAS, Maryland law enforcement agencies reported 18,926 incidents of domestic violence to women, men, and children in 2008;

WHEREAS,

Every Maryland resident should have easy access to crisis intervention and advocacy services providing appropriate intimate partner violence responses and resources;

WHEREAS,

Maryland's four hospital-based domestic violence screening and response programs have screened and provided medical treatment, crisis counseling, safety planning, support, information, and resources to thousands of patients; and

WHEREAS,

The Governor's Family Violence Council recommends in its report entitled Hospital-Based Domestic Violence Programs that Maryland should expand domestic violence screening and response programs to other health care providers across the State.

NOW, THEREFORE, I, MARTIN O'MALLEY, GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND THE LAWS OF MARYLAND, HEREBY PROCLAIM THE FOLLOWING EXECUTIVE ORDER, EFFECTIVE IMMEDIATELY:

> A. Established. There is a Maryland Domestic Violence Health Care Screening and Response Initiative that will encourage the establishment of local Domestic Violence Health Care Screening and Response Programs. The initiative will be administered by the Governor's Office of Crime Control and Prevention in consultation with the Department of Health and Mental Hygiene, the Maryland Community Health Resources Commission, the Maryland Health Services Cost Review Commission and in consultation with associations, coalitions, and programs representing domestic violence service providers, victims, and Maryland hospitals and insurance providers.

B. For the purpose of this Executive Order:

- "Department" means the Department of Health and (1)Mental Hygiene.
- "Domestic Violence Program" means a program having a primary purpose of providing comprehensive services to domestic violence victims, including, but not limited to 24-hour hotlines, emergency shelters, crisis and ongoing counseling programs, and victim information and advocacy programs.

(3) "Health Care Facility" means:

- (a) A for-profit or nonprofit health center providing clinically related health services;
- (b) A for-profit or nonprofit health clinic providing health services; and
- (c) A for-profit or nonprofit hospital providing basic, general or comprehensive clinical health services.
- (4) "Office" means the Governor's Office of Crime Control and Prevention.
- (5) "Screening" means the process of assessing patients seeking medical treatment who exhibit symptoms associated with intimate partner violence. Screening may also include general questions to all patients to determine their level of risk for intimate partner violence.
- C. Purpose. Domestic Violence Health Care Screening and Response Programs in health care facilities will improve our health care system's response to patients who have been victims of domestic violence.

D. These programs will seek to:

- (1) Improve the health care response to domestic violence by developing effective internal policies and procedures to identify, refer, and assist victims of domestic violence, including the development of a screening protocol;
- (2) Increase the capacity of health care providers to serve domestic violence victims through skill-based training for their staff;
- (3) Increase the ability of health care providers to screen for domestic violence and provide intervention, including medical treatment, crisis counseling, safety planning, support, information, and resources.
- E. Responsibilities. The Office, in consultation with the Department, may:

- (1) Encourage all health care facilities to adopt or review their written policies regarding the screening of, and response to, victims of domestic violence.
- (2) Encourage the creation of Domestic Violence Screening and Response Programs that meet the needs of health care facilities and their patients.
- (3) Solicit applications for funding from health care facilities interested in establishing Domestic Violence Health Care Screening and Response Programs.
- (4) Select health care facilities with representation from various geographic areas.
- (5) Convene an annual meeting with health care facilities, domestic violence coalitions and programs, Maryland hospitals, insurance providers, and other relevant parties, to learn about best practices, share information, discuss funding opportunities, and encourage facilities to initiate Domestic Violence Health Care Screening and Response Programs.
- F. Program elements. In considering a health care facility's application to become a Domestic Violence Health Care Screening and Response Program, the Office may consider the facility's ability to:
- (1) Conduct screening of patients for symptoms of domestic violence;
- (2) Provide appropriate levels of medical response to victims of domestic violence;
- (3) Collaborate and refer patients to local and regional domestic violence programs where they can obtain additional assistance and resources to ensure their safety and well-being;
- (4) Provide educational and training programs which reflect a particular facility's demographics, policies, staffing patterns and resources;
- (a) The training program shall include, but not be limited to, identifying characteristics of domestic violence; screening patients for domestic violence; appropriately documenting domestic violence in medical records; and offering patients referral services;

- (5) Provide culturally competent educational materials to inform victims of domestic violence about services and assistance available at the facility or the local domestic violence program; and
- (6) Develop formal assessment procedures, including but not limited to, coordinating and collecting data for the evaluation of the projects and their effectiveness.
- G. Technical Assistance. The Office and Department shall facilitate technical assistance for health care facilities that indicate an interest in establishing Domestic Violence Health Care Screening and Response Programs.
- H. Funding. The Office will ensure that the creation of Domestic Violence Health Care Screening and Response Programs is a priority in its distribution of existing State and federal monies and its application for new or additional monies available for domestic violence services.

GIVEN Under My Hand and the Great Seal of the State of Maryland, in the City of Annapolis, this 30th Day of September 2010.

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Martin O'Malley

Secretary of State

Governor

ATTEST:

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